PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 09/753,3/3												3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		***			-X42≡		ŌŔ	X84=	<u>-:,,</u>	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	·	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		<i>)</i>	TOTAL		
CLAIMS AS AMENDED - PART II										1	OTHER		
(Column 1) (Column 2) (Column Claims Highest								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW NOW	Total	* 15	Minus	-2		=		X\$ 9=		OR	X\$18=		
AME	Independent	• //	Minus	*** / 6	<u> </u>	-		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+140=.	·	OR	+280=		
and 5/24/04							L	TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)	^	DUII. FEE			ADDII. # EE1		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* 15	Minus	* 2	1	= 0		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	ENDENT	J.	=0	1	X42=		OR	X84=		
لبا	FIRST PRESE	NIAHON OF MA	JETH CE DEI	ENDEN	QD-\line	<u></u>	, [+140=		OR	+280=		
					•		A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)			•		•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER Dusly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent +		Minus ***		= [X42=		OR	X84=		
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												*	
	The "Highest Num	iber Previously Pa	ld For (Total or	Independ	ent) is the	highest numbe	er four	nd in the ap	propriate bo)	in col	umn 1.		

FORM PTO-875 (Rev. 8/01)

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